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York City. Even allowing for the economic difficulties which must interfere with prenatal precautions and infant care among the Russian peasants, it seems certain that a comprehensive campaign for the prevention of infant mortality could save half a million lives a year in Russia. The admirable infant welfare stations of Petrograd and Moscow and those maintained elsewhere by the Patronage for the Protection of Motherhood and Childhood need only to be multiplied throughout the Republic and supplemented by the organization of a staff of visiting nurses for domiciliary education in order to solve the problem satisfactorily.

From the standpoint of administrative procedure there are two points about Russian health organization which are peculiarly favorable for future progress.

In the first place, one is impressed with the possibilities of the numerous advisory boards, made up largely of active employees, with which both zemstvo and municipal executives are surrounded. Such organizations must often prove cumbrous and time consuming, but they tend to favor initiative and esprit de corps on the part of the staff. It is interesting to note that even before the revolution Russia was in this respect in position to give a lesson in democracy to the rest of the world.

The great strategic point in the Russian health situation is, however, the remarkable development of social medicine along curative lines and the consequent close connection between curative and preventive work. Russia, on account of the peculiarly acute needs of her rural population, has already developed the State care of the sick to a point of which we are only beginning to dream, and after the war the new republican government will no doubt pursue this social ideal to a much higher point of perfection. The opportunity for developing preventive educational work in connection with such a system is practically unlimited. In connection with infant mortality, for example, the high proportion of deliveries in maternity hospitals (in Petrograd nearly half of all births) is a most favorable circumstance. We may therefore look in the future, as zemstvo and municipal medicine develop and acquire the educational and preventive quality which is in accord with modern progress, for unprecedented successes in the control of preventable disease in the great sister Republic.

MALARIA IN FLORIDA.

PREVALENCE AND GEOGRAPHIC DISTRIBUTION—APRIL, 1915, TO DECEMBER, 1916.

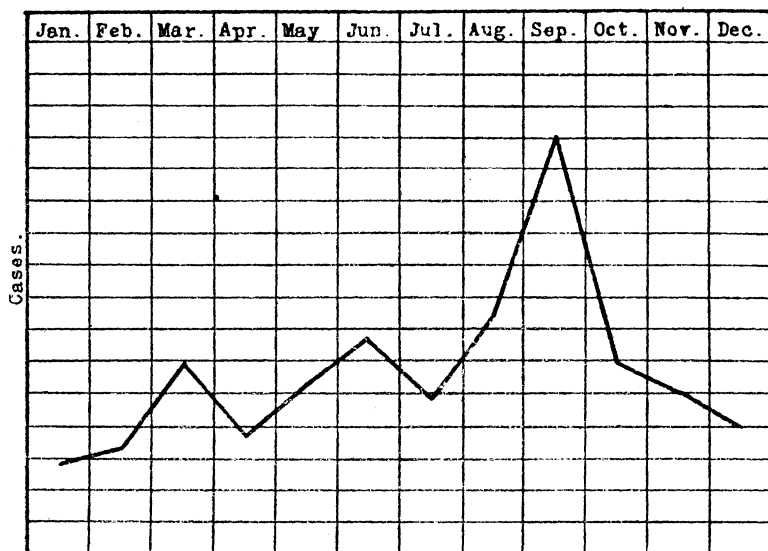
The study of the prevalence and geographic distribution of malarial fevers in the State of Florida through the circularization of the practicing physicians was begun in 1913. Previous reports on this sub-

ject were published in the Public Health Reports of March 13, 1914, and May 28, 1915, and were issued as reprints Nos. 172 and 277.

The physicians were circularized every three months from April, 1915, to December, 1916, reply postal cards being used for the purpose.

Of the cards sent to the physicians about 13.5 per cent were returned. The number of cards sent out, the number of schedules returned, and the number of counties represented at each circularization are shown in Table No. 1.

It is to be borne in mind that the number of cases reported by the physicians does not show the number of cases that actually occurred, for an average of only about 13.5 per cent of the physicians returned the schedules. While there must have been many more cases of



Relative prevalence of malaria in Florida, by months, as indicated by the number of cases reported.

malaria in the State, the reports of the physicians on which this study is based are sufficient to show whether malaria was present or absent in the several counties, and reasonably accurately the relative intensity of the infection in the counties.

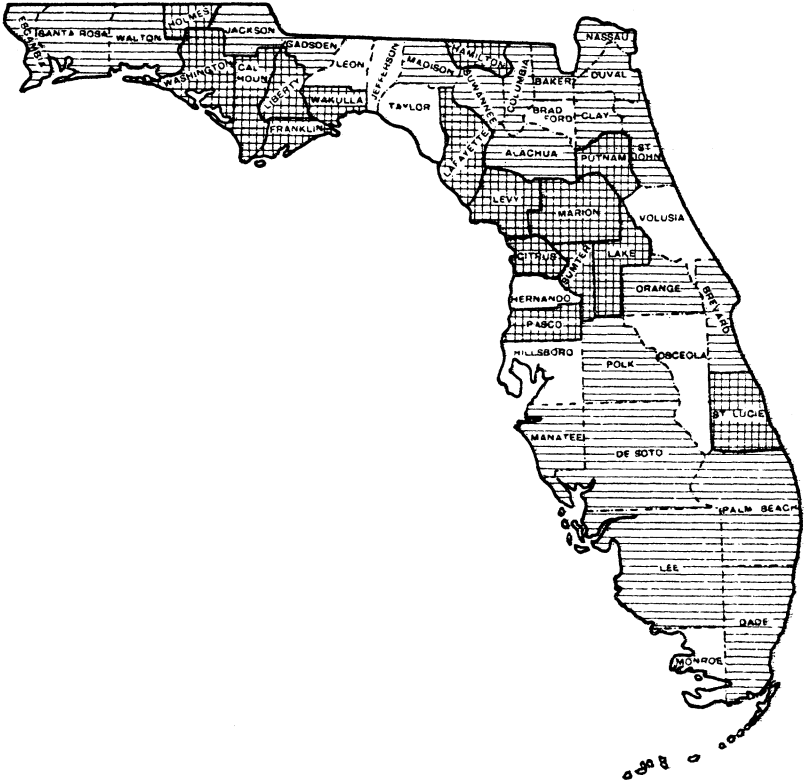
The cases reported throughout the State by months are shown in Table No. 2. The relative numbers of cases reported by months are shown in the chart.

The number of cases reported from the several counties of the State are given by race and year in Table No. 3.

The map on page 2221 shows the relative prevalence of the disease in the several counties of the State, the heavier shaded counties being those in which the infection was heaviest, the unshaded counties those in which the infection was lightest, as indicated by the

numbers of cases reported. The relative intensity of infection was determined by ascertaining the number of cases reported in each county during the period—April, 1915, to December, 1916—per 1,000 population. The population used was that of the 1910 census, it being impracticable to use current estimates for the purpose.

During the first quarter of 1916 one case of hemoglobinuric fever was reported in Columbia County, and during the fourth quarter two cases were reported in Duval County.



Relative prevalence of malaria in Florida, by counties, in proportion to the population, as indicated by the number of cases reported.

TABLE 1.—Results of circularization of practicing physicians.

Period.	Inquiry cards sent to physicians.	Replies received.	Percentage of replies.	Counties represented in replies.	Counties not heard from.	Cases of malaria reported.
1915.						
April to June.....	976	108	11.07	36	14	835
July to September.....	976	168	17.21	43	10	2,044
October to December.....	976	155	15.88	40	12	1,103
1916.						
January to March.....	967	133	13.75	37	13	609
April to June.....	987	131	13.27	43	9	788
July to September.....	987	125	12.66	40	12	1,280
October to December.....	987	109	11.04	39	13	750

TABLE 2.—Cases of malaria reported by months.

Year.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
1915.....				226	244	365	550	683	811	422	379	302
1916.....	143	168	298	187	264	335	243	386	651	298	251	201

TABLE 3.—Cases reported by counties, by years, and by color.

County.	Apr. 1 to Dec. 31, 1915.			Calendar year 1916.		
	White.	Colored.	Com- bined.	White.	Colored.	Com- bined.
Alachua.....	37	6	43	19	4	23
Baker.....				4	3	7
Bay.....	20	7	27	3		3
Bradford.....	1		1	2		2
Brevard.....	7		7	7	3	10
Broward.....	6	2	8	11		11
Calhoun.....	71	35	106	10	9	19
Citrus.....	127	121	248	92	82	174
Clay.....	1		1	11		11
Columbia.....	11	16	27	8	1	9
Dade.....	68	16	84	26		26
De Soto.....	67	16	83	14	2	16
Duval.....	152	195	347	71	44	115
Escambia.....	51	2	53	28	10	38
Franklin.....	30	29	59	54	54	108
Gadsden.....	47	35	82	64	40	104
Hamilton.....	33	28	61	53	30	83
Hernando.....				1		1
Hillsboro.....	55	7	62	42	21	63
Holmes.....	261	25	286	158	55	213
Jackson.....	10	19	29	22	34	56
Jefferson.....	3	4	7			
Lafayette.....	75	5	80	145	11	156
Lake.....	11	102	113	20	73	93
Lee.....	4	2	6	24		24
Leon.....	7	1	8	10	13	23
Levy.....	38	43	81			
Liberty.....				17	43	60
Madison.....	14	6	20	4	1	5
Manatee.....	3	4	7	41	12	53
Marion.....	265	312	577	288	340	628
Monroe.....	3		3	4		4
Nassau.....				13	11	24
Okaloosa.....	23	18	41	41	22	63
Orange.....	28	50	78	23	13	36
Osceola.....	3		3			
Palm Beach.....				7		7
Pasco.....	104	105	209	4		4
Pinellas.....	24		24	23		23
Polk.....	50	20	70	48	32	80
Putnam.....	88	83	171	13	18	31
St. John.....	16	13	29	13	7	20
St. Lucie.....	71	24	95	88	55	143
Santa Rosa.....	30	11	41			
Seminole.....	62	39	101	66	74	140
Sumter.....	125	203	328	90	284	374
Suwannee.....	25	25	50	27	21	48
Volusia.....	15	4	19		4	4
Wakulla.....	20	10	30	103	63	166
Walton.....	7		7	33	7	40
Washington.....	93	77	170	33	51	84
Total.....	2,262	1,720	3,982	1,878	1,547	3,425